PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Numb	per		
		First Named Inventor	John William Tocher		
		COMPLETE IF KNOWN			
		Application Number			
ET as /s sales as	Declaration	Filing Date			
		Group Art Unit			
with Initial Filing	(37 CFR 1.16 (e))	Examiner Name			

/		required)	Examiner Name	e				
As a below named inventor, I hereby declare that:								
	My residence, mailing address, and citizenship are as stated below next to my name.							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural							
	names are listed below) of the sub	· · · · · · · · · · · · · · · · · · ·	med and for which a pate	ent is sought on t	the invention entitled:			
	ULTI MATE VENT							
		~						
	a) the end are all	(Title of t	he Invention)					
	the specification of which							
	is attached hereto							
	OR							
	was filed on (MM/DD/YYYY)		as United St	ates Application	Number or PCT International			
	Application Number	and was a	mended on (MM/DD/YY	YY)	(if applicable).			
	L	.						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
	I acknowledge the duty to disclose in-part applications, material inform							
	PCT international filing date of the	continuation-in-part app	olication.	•				
	I hereby claim foreign priority bene or plant breeder's rights certificate than the United States of America	e(s), or 365(a) of any F	CT international applica	tion which desig	nated at least one country other			
	patent, inventor's or plant breeder application on which priority is clair	's rights certificate(s), o						
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
	2,326,241	CANADA	11/30/2000					
Ī	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numb or Bar Code Lab		OR 💢 C	оттеspondence address below			
Name JOHN WILLTAM TOCHER						
Address 18072 BENETA	WAY					
city TUSTIN		State CALIFOR	NA 92780			
Country USA Te	lephone (7)4)	544-883b	Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :	A petition has	s been filed for this u	nsigned inventor			
Given Name (first and middle [if any]) JOHN WILLIAM or Surname TOCHER						
Inventor's Signature Date SEPTEMBER 25, 200						
Residence: City CHILLIWACK	BRITISH PROV: COLUMI	CANADA Country	CANADIAN .			
Mailing Address 5855 CARTER ROAD						
City CHILLIWACK	BRITISH COLUMBI State	M. VaR 3KI	CANADA ·			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname						
inventor's Signature			Date			
Residence: City	State	Country	Citizenship			
Mailing Address						
City	State	ZIP	Country			
			D/SB/02A attached hereto.			

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is direct	ted to:					
\boxtimes	The attached application					
Ó	Application No	, filed on	1			
	as amended on		_(if applicable);			
I/ we -believe that I/ we -al which a patent is sough		at inventor(s) of the subject mat	tter which is claimed and for			
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/we to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVE	NTOR(S)					
Inventor one:	HN WILL	IAM TOCHE				
Signature:	n /ocher	Citizen of:CAI	NADA ·			
Inventor two:						
Signature:		Citizen of:				
Inventor three:						
Signature:		Citizen of:				
Inventor four:						
Signature:		Citizen of:				
Additional inventors are		additional form(s) attached I				

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO Burden Hour Statement: This collection of information is required by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary to process) an application. Somition of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	PTO/SB/02A (11-00)
_	Approved for use through 10/31/2/002. OMB 0651-0032
	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respon	nd to a collection of information unless it contains a valid OMB control number

Under the Paperwork Reduction Act of 1995, no persons are required to respond to			ADDITIONAL INVENTOR(S) Supplemental Sheet Page of			
Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any])		Family Mame	or Sumar	me	
Inventor's Signature				Dat	e	
Residence: City	State	County	Country		enship	
Mailing Address						
Mailing Address						
City	State	ZIP	Co	untry		
Name of Additional Joint Inventor, if a	ıy:		tion has been filed fo	or this uns	signed inventor	
Given Name (first and middle [if any	\	Family Name or Surname				
	\bigvee					
Inventor's Signature				Date		
Residence: City			Country		izenship	
Mailing Address						
Mailing Address						
City	State	ZIP		Country		
Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any]) Family Name or Surname				mame		
inventor's Signature					Date	
Residence: City State		Cour	itry	Ci	itizenship	
Mailing Address						
Mailing Address						
maining Address	State	71	D	Countr	v	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02B (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
2,326,241	CANADA	11/30/2000				
•						
•						

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.